



THE CITY OF RIVERSIDE
Human Relations Commission
3900 Main St., 6th Floor
Riverside, CA 92522
(909) 826-5709 • Fax (909) 826-2591

COMPLAINT OF DISCRIMINATION

NOTICE: Under the California Public Records Act and other disclosure statutes, the information contained in this complaint form may not be kept confidential.

Date: _____

PART A:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____

PART B:

1. Name the person(s) and/or organization(s) whom you feel discriminated against you:

Name: _____

Position (if known): _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Name: _____

Position (if known): _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

2. I was discriminated against in: ☐ Employment ☐ Housing ☐ Other (specify)

3. If your charge is against a company or organization, what was the number of employees or members? _____

4. I believe I was discriminated against because of my (check all that apply):

☐ Race

☐ National Origin

☐ Mental/Physical Impairment

☐ Marital Status

☐ Family Status

☐ Other (please specify) _____

☐ Religion

☐ Age

☐ Sexual Orientation

☐ Gender

☐ Ancestry

Complaint of Discrimination

What was the date you filed the complaint?_____

6. Have you ever filed a complaint with this office before? ☐ Yes ☐ No

7. Do you know any other individuals who feel they were discriminated against or who witnessed the alleged discriminations by the above person(s) and/or organization(s)?
☐ Yes ☐ No If yes, please list those individuals:

Name	Address	Telephone
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8. The City of Riverside Human Relations Commission will try to have your complaint mediated if the other party agrees to the mediation. What do you want to happen as a result of the mediation?

[illegible]

Complaint of Discrimination

[illegible]

PART C:

I swear or affirm that I have read this claim and that it is true to the best of my knowledge, information and belief. I understand that the person/organization I am complaining against will be notified of the claim.

Complainant

Date



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Authorization to Release Information

I, _____ authorize the City of Riverside Human Relations Commission to release all relevant information that it may possess regarding my complaint of discrimination to:

- ☐ Department of Fair Housing Employment and Housing (DFEH)
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Riverside County Dispute Resolution Center
- ☐ Law Enforcement Agencies
- ☐ Any other agency which is determined to have jurisdiction

Signature

Date

PART D: In order to assist the Commission in providing maximum assistance, please provide as much of the following information as you would like to:

Are you currently employed? ☐ Yes ☐ No

If yes, what is your occupation? _____

What is your race?

- ☐ African American
- ☐ Caucasian
- ☐ Native American
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ Other

What is your gender?

- ☐ Male
- ☐ Female

What is your age? _____

Are translation services required? ☐ Yes ☐ No

If yes, please indicate your fluent language: _____

